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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Fire Equipment Ser	rvices of East Coast Inc.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre-	spondence concerning this ma	tter to the following:	
	William Kimmen		
		Name of Contact Persor	
	Fire Equipment Services of E	ast Coast Inc	
		Firm/ Company	
	861 S. Kings Hwy		
		Address	
	Fort Pierce, FL 34945		
		City/ State and Zip Code	:
	bkimmen@veteranfire.service	es	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
William Kimmen		at (	466-6330
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassec, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Fire Equipment Services of East Coast Inc.

(Name (	of Corporation as currently	filed with the Florida De	pt. of State)		
P06000002649					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	lorida Profit Corporation :	adopts the follow:	ing amo	endment(s) to
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A				orp.,"
B. Enter new principal office address, (Principal office address MUST BE A S					
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )					- <b>-</b>
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ess in Florida, enter the na	ime of the	7.3	-
Name of New Registered Agent	William Kimmen		-	1	
Name of New Registered Agent	861 S. Kings Hwy		1.77	_ 	a
Var. Bariana I (10) and I I I amer	(Florida stre	et address)	534945 Florida 1945	  -  : 34	"مير
in in sugarera vyjee riiming.		City)		(Code)	<del></del>
New Registered Office Address:  New Registered Agent's Signature, if c I hereby accept the appointment as regist	Fort Pierce //	City)			
Check if applicable	Signature of New Re	distered Agent, if changing			

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Si</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PVST	William Kimmen	861 S. Kings Hwy
Add			Fort Pierce FL 34945
Remove			
2) Change	<u>_</u> P	Melvin Follbracht	
Add			
Remove 3) Change			. <u></u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<i>*</i>	
Remove			

	ets, if necessary).	(Be specific)				
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an amendment pr	ovides for an excl	hange, reclassifi	cation, or cance	ellation of issue	d shares,	
provisions for implo (if not applicabl	e, indicate N/A)	<u>enament it not c</u>	<u>contained in the</u>	amenoment its	<u>:eir:</u>	
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	04.19.2021	i Carabana abana aba
The date of each amendment(s) date this document was signed.	) adoption:	, it other than the
<del>_</del>	94.19.2021	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by board of directors	<del>.</del>	
	(voting group)	
04.19.20 Dated	021	
Signature	Mun	
sele	a director president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	William Kimmen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	